

1.) CORPORATION NAME:

**DEPOSITORS INSURANCE COMPANY**

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER, 16TH FLOOR  
1111 EAST MAIN STREET**

SCC ID NO: **F1332032**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1100 LOCUST STREET

CITY/ST/ZIP: DES MOINES, IA 50391-1100

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	W. KIM AUSTEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	ONE NATIONWIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

NAME:	ROBERT W. HORNER III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	ONE NATIONWIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

NAME:	WENDELL P. CROSSER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	ONE NATIONWIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

NAME:	JAMES R. BURKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE NATIONWIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

NAME:	Thomas E. Clark	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	One Nationwide Plaza		
CITY/ST/ZIP/CO:	Columbus, OH 43215		

NAME:	Robert P. O	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	One Nationwide Plaza		
CITY/ST/ZIP/CO:	Columbus, OH 43215		

NAME: Pamela A. Biesecker TITLE: SVP ADDRESS: One Nationwide Plaza CITY/ST/ZIP/CO: Columbus, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: James J. Hagenbucher TITLE: SVP ADDRESS: One Nationwide Plaza CITY/ST/ZIP/CO: Columbus, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ROBERT W. HORNER III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT W. HORNER III, SECRETARY PRINTED NAME AND CORPORATE TITLE	2/7/2014 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.